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ABSTRACT

Despite the strong empirical evidence linking alcohol use across varying levels to suicidal behavior, the field is lacking a unifying theoretical framework in this area. The concept of alcohol induced myopia to explain the varied effects of alcohol on the behaviors of individuals who drink has been proposed. The term "alcohol myopia" refers to its ability to restrict attention to immediate situations, inhibit problem solving ability, and, under certain conditions to limit hope for the future. Thus, this conceptualization of the cognitive effects of alcohol use could have value in understanding the alcohol-suicide relationship across levels of use from "social" consumption to alcoholism. It can be suggested that the cognitive concomitants of suicidal behavior could result from alcohol use or be exacerbated by alcohol use. Alcohol use could be conceptualized as having a reciprocal relationship with everyday life challenges. The effects of these challenges for alcohol abusers may be exacerbated by the pharmacological and social/environmental effects of prolonged use. The resulting myopic effect of alcohol consumption, regardless of level of use, may lead the user to an increased focus on his/her problems, and in the presence of suicidal ideation, result in suicidal behavior. (ABL)

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Conceptualizing the Suicide-Alcohol Relationship

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Conceptualizing the Suicide-Alcohol Relationship

One of the most frequently cited correlates of suicidal behavior in the United States is alcohol consumption (Rogers, 1992). For example, Roy and Linnoila (1986) have reported estimates of the incidence of suicide in alcoholic populations ranging from 2% to 56% with a mean of 17.7%. Additionally, these authors suggested that the incidence of completed suicide in alcohol dependent populations ranges from 15 to 26.9% with a mean incidence of 21.1% (Roy & Linnoila, 1986). Stillion, McDowell and, May (1989) have estimated the suicide rate for alcoholics to be as high as 270 per 100,000 or around 27 times the suicide rate in the general population. As summed by Hatton and Valente (1984), "...the committed suicide is rare in which alcohol abuse was *not* a symptom" (p.75).

Beyond the relationship between alcohol abuse, dependence, and alcoholism and suicide, evidence suggests a link between more general alcohol use and suicidal behavior (c.f., Blumenthal, 1987; Flavin, Franklin & Francis, 1990). As such, alcohol use in general represents an important risk factor in the overall evaluation of suicidal potential (Blumenthal, 1987). Vaillant and Blumenthal (1990) summarize the relationship between alcohol consumption and suicidal behavior by asserting that "The simplest exogenous way to increase all of these personality risk factors - depression, hostility, impulsivity, and shame - is by alcohol and hypnotic substance abuse (p. 11)."

Despite the strong empirical evidence linking alcohol use across varying levels to suicidal behavior, the field is laking a unifying theoretical framework in this area (Rogers, 1992). Existing theories generally focus on the pharmacological and interpersonal effects of alcohol consumption on suicidal behavior (e.g., Blumenthal, 1987; Flavin et al., 1990; Roy & Linnoila, 1986) and consequently are limited to explaining the suicide-alcohol relationship to the more extreme levels of alcohol use.

Recent research on alcohol's effect on cognitions (Steele & Josephs, 1988/1990) has suggested an additional mechanism that may allow for the development of a comprehensive formulation of the relationship between suicide and alcohol. Steele and Josephs (1990) have proposed the concept of alcohol induced myopia to explain the varied effects of alcohol on the behaviors of individuals who drink. The term "alcohol myopia" refers to its ability to restrict attention to immediate situations, inhibit problem solving ability, and, under certain conditions, to limit hope for the future. Additionally, the authors suggest that this myopic effect occurs at blood alcohol levels of .08% and greater (Steele & Josephs, 1990).

Thus, this conceptualization of the cognitive effects of alcohol use could have value in understanding the alcohol-suicide relationship across levels of use from "social" consumption to alcoholism. The work of Shneidman (1987) provides the necessary link between the concept of alcohol myopia and suicidal behavior. According to Shneidman (1987),

one of the ten commonalities of suicidal individuals is the existence of a state of extreme cognitive constriction during which the individual is unable to consider the variety of options available in a given situation. This cognitive constriction results in dichotomous thinking with suicide as one of the two options.

In summation, this line of reasoning would suggest that the cognitive concomitants of suicidal behavior which represent a commonality of suicide could: (1) result from alcohol use or (2) be exacerbated by alcohol use. Therefore, a theoretical model of the relationship between alcohol and suicide needs to include not only the pharmacological and social-environmental effects, but the cognitive effects as well.

Figure 1 presents one possible formulation for modeling the suicide-alcohol relationship based upon the concept of alcohol induced myopia. As presented, alcohol use is conceptualized as having a reciprocal relationship with everyday life challenges. The effects of these challenges for alcohol abusers may be exacerbated by the pharmacological and social/environmental effects of prolonged use. The resulting myopic effect of alcohol consumption, regardless of level of use, may lead to an increased focus on one's problems, and in the presence of suicidal ideation, result in suicidal behavior.

While it is clear that empirical evidence regarding the model's validity is needed, immediate implications can be drawn from a heuristic standpoint. For example, based upon

the alcohol myopia formulation, individuals who attempt to seek psychological relief through the use of alcohol may instead become suicidal as a result of their consumption. Furthermore, this possibility may increase with individuals who have engaged in prior suicidal behaviors. Thus, information regarding alcohol use patterns both independent of and in conjunction with prior suicidal ideation would be important in evaluating suicidal risk. Also, educating individuals regarding the cognitive effects of alcohol use may allow them to make informed decisions with respect to their alcohol consumption.

Conclusion

The obvious limitation of the theoretical formulation presented in this article is its lack of empirical evidence. However, empirical evidence does exist for the components of the model and if alcohol use can be conceptualized as contributing to suicidal behavior through the construct of alcohol induced myopia then the information presented above should prove useful to mental health professionals.

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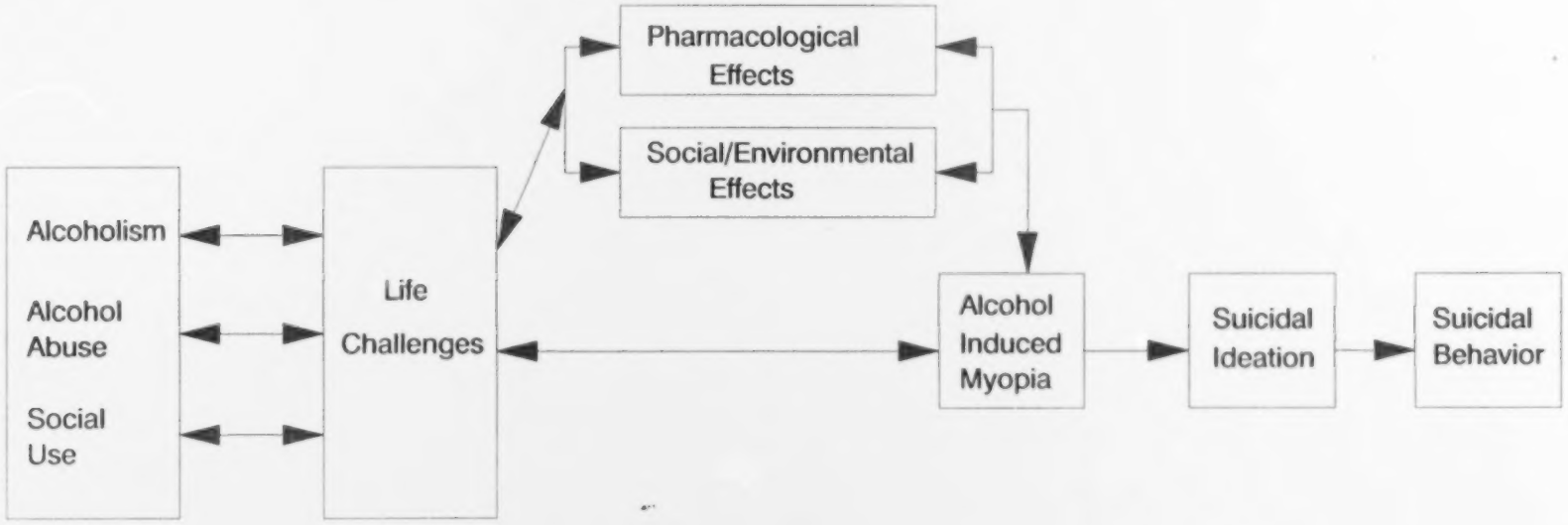
Figure 1
A Model of the Alcohol-Suicide Relationship Across the Continuum of Alcohol Use



Pharmacological Effects
- Depression
- Serotonergic Depletion
- Exacerbation of Psychiatric Illnesses

Social/Environmental Effects
- Social Isolation
- Social Stress